CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	 		· · · · · ·
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Clenents		Abilene City Secretary
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		TY: STATE: ZIP CODE	APR 26 2019 Filed for Record
Change of Address	500 Chartnet St. Ste 102 A	Sur TX 71102	THICK TOT IXECOID
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 437 - 6544	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	. , , , ,	Date Processed
	Regan		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	NTE #; CHTY; STATE;	ZIP CODE
(Residence or Business)			
	104 Pine St. Ste 601	Ableve TX 7	9601
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 748-4147	EXTENSION	,
9 REPORT TYPE	January 15 30th day before el	ection Runoft	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Rth day before eller	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03 / 76 / 70 9	THROUGH 04	Dey Year Z 4 / ZO19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary O5 04 / 701 X General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Cancil.	-Place 5
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ements	15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAIRS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 40.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40.00 \$ 14,594.63
EXPENDITURE TOTALS			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,777.31
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	
OUTSTANDING LOAN TOTALS	-	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	1E \$
18 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Cede Comm. Expires 01-22-2023			
Notary ID 131863465 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subsci	ribed before me, t	by the said Cory Clements	, this the&
day of spile	, 20 <u>19</u> ,	to certify which, witness my hand and seal of office.	
The delton Anna Alton			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
	Cay Clements		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,594.63
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 14,594.03 \$ 200.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$7,777,31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Lory	Clements	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$) 477.82
	817 5 Zal Ablu TX 79602	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
415/19	Chaile Allen Contributor address; City; State; Zip Code 10 Box 498, Ablan, TV 79604	\$77.82
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 4/5/19	Full name of contributor out-of-state PAC (ID#:) Arlene Potect Contributor address; City; State; Zip Code Po Box 7452 Ablon, TV 79608	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/5/19	Full name of contributor out-of-state PAC (ID#) Adam Broker Contributor address; City; State; Zip Code 5741 Alana Do Address TX 7540	Amount of contribution (\$) \$114.73
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)

SCHEDULE A1

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Clements	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	
4/5/19	Patty Wellborn 6 Contributor address; City; State; Zip Code	\$ 77.82	
	ZL10 Susan St. Ab, Con, TX 79606		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	lions)	
Date	Full name of contributor	Amount of contribution (\$)	
4/5/19	Musty Don-// Contributor address; City; State; Zip Code	\$ 77.00	
	749 Grave St. Allen TX 79606		
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
4/5/19	Contributor address; City; State; Zip Code 4 Hosp fel Me. Abi Con TX 7760 eation / Job little (See Instructions) Employer (See Instructions)	\$77.82	
Principal occup	pation / Job afte (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
4/5/11	State of the state	\$38.91	
1513 Western Al Holen TV 79601			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)	
		THE ALL LAND AND A SECOND AND A SECOND ASSESSMENT ASSES	
		3	
	ATTACH ARRITONNI GORIES CETTING COLUMNI TAGANI		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction	Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cory Clemes	As a second	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full nam Link 6 Contribu	ne of contributor out-of-state PAC (ID#:	\$38.91
4/5/15 Comribe	ne of contributor out-of-state PAC (ID#:	Amount of continuation (4)
Principal occupation / Job ti	tle (See Instructions) Employer (See Inst	tructions)
4/5/19 Am. Contribu	to address; City; State; Zip Code Chestat Sute los Moles TX 7800 tle (See Instructions) Employer (See Inst	\$77.82
Principal occupation / Job ti	tle (See Instructions) Employer (See Inst	tructions)
4/5/19 Trac	ne of contributor out-of-state PAC (ID#:	\$77.82 24

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Chement	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/5/19	Centra West 6 Contributor address; City; State; Zip Code TO W to the Contributor address;	\$77.82
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/19	Coacle Thompson Contributor address: City; State; Zip Code	
	1101 5. Legg ++ Do, Ablus TX 770 ation / Job title (See Instructions) Employer (See Instructions)	05
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/5/19	Shanon Sm. Th Contributor address; City; State; Zip Code 300 Chatat Sate 1634, Holm, TX 79667 eation / Job title (See Instructions) Employer (See Instructions)	\$77.82
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Dale	Full name of contributor	Amount of contribution (\$)
4/5/19	Tyler Viasen Contributor address; City; State; Zip Code	\$77.82
	300 Och Street, Aprile TX 79602	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
	1	

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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Cory Chements	
4 Date 5 Full name of contributor out-of-state PAG (ID#:	7 Amount of contribution (\$)
4/3/19 Annie Helbert 6 Contributor address; City, State; Zip Code 42 Bay Share (4 Abby TX 796	£389.10
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
This per description of the feet management,	,
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
U/3/19 Jurden Mager Contributor address: City; State; Zip Code	
Contributor address; City; State; Zip Code	\$ 77.82
1057 5. 3 L. Abla TX 7960Z	
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
	,
Date Full name of contributor aut-of-state PAC (ID#:	
4/5/19 Margan Mask Contributor address; City; State; Zip Code	\$77.82
1700 Industral Blus, Abilen, TX 7860.	7
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)
Date Full name of contributor qut-of-state PAC (ID#	Amount of contain the (f)
00101 01210 1710 (101	Amount of contribution (\$)
4/5/12 Ashter Anderson	\$77.82
Contributor address; City; State; Zip Code	4///00
1057 An 5. 3 N Abola, TX 79602	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)

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SCHEDULE A1

The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Cory Clements	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: 45/19 6 Contributor address; City; State; Zip Code 754/ Ludy Esth Code Aller TX 77	7 Amount of contribution (\$) 477.87
Principal occupation / Job title (See Instructions) 9 Employer (See	nstructions)
Pate Full name of contributor out-of-state PAC (ID#:	
· · · · · · · · · · · · · · · · · · ·	
34/7 Croy Lave Horlan TX 75/60 Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/5/19 Timothy Neclecken Contributor address; City; State; Zip Code 340 5 Torandon About TX 7	\$ 77.87
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor United State Full name of contributor Out-of-state PAC (ID#	J38.91
Principal occupation / Job title (See Instructions) Employer (See	Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Clements	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/19 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) 2 eque ThreeH 6 Contributor address; City; State; Zip Code 4710 Syring (acd: Al Abour TV 79) pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$ 133.64 (07 tions)
Date 4/5/19	Full name of contributor out-of-state PAC (ID#:) Sheld: Frelds Contributor address; City; State; Zip Code 299 Fn 1082 Addin TX 79601	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Principal occup	Full name of contributor	Amount of contribution (\$) \$ 77.5-7 tions)
Principal occup	Full name of contributor out-of-state PAC (ID#: LUA Niedecker - Blecce Contributor address; City; State; Zip Code 340 S. Treslame; Abla, TX 7900 ation / Job title (See Instructions) Employer (See Instructions)	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Clements	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/19	5 Full name of contributor out-of-state PAC (ID#:) Brand: Ka ufman 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 477.87
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	Z tions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/19	Contributor address; City; State; Zip Code	\$ 155.64
	6/3 Hickory, Ablum, TX 75601	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/19	5 220	
	1725 Massels Dr. Able TV 796 pation / Job title (See Instructions) Employer (See Instructions)	03
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/19	Adan Eurg Contributor address; City; State: Zip Code	\$38.91
	1775 Marcalo Dr. Ablin TX 7760	3
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
-		
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SCHEDULE A1

The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	lements	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full	Il name of contributor	7 Amount of contribution (\$)
4/5/19 6 Co	ntributor address; City; State; Zip Code O Vin St. Ab. Con TX 79 COT Job title (See Instructions) 9 Employer (See	\$ 77.82
36	10 Vin St. Abiba TX 19602	
8 Principal occupation /	Job title (See Instructions) 9 Employer (See	a Instructions)
	Il name of contributor	Amount of contribution (\$)
10	ntributor address; City; State; Zip Code	438.91
6L	3 Hickory, Abilan TX 79601	
Principal occupation / .	Job title (See Instructions) Employer (See	e Instructions)
Date Ful	name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Sm.Th Flathur ntributor address; City; State; Zip Code	\$77.82
	Job title (See Instructions) Employer (See	7605
Principal occupation /	Job title (See Instructions) Employer (See	e Instructions)
0000000	If name of contributorout-of-state PAC (ID#:	Amount of contribution (\$)
	george Sindler ntributor address; City: State; Zip Code	\$ 38.91
	6634 Preach lly St. Kalen TX 7	7606
Principal occupation /	Job title (See Instructions) Employer (See	e Instructions)

SCHEDULE A1

	V:
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME COTY Chemants	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
4/5/19 Me/sa Garcia 6 Contributor address; City; State; Zip Code 4449 5, 1st Ablus TX 7965 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$ 38.91
9499 S, 15T, #6, Un, 1X 1960S	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
45/19 Leticia Meyes Contributor address; City; State; Zip Code	\$ 38.91
309 5111 11 All TV 7011	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/5/19 David De Fasore Contributor address; City; State; Zip Code 324 Chatart Ablan, TX 79602	\$77.82
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
75/19 Jennifac Hernaulz Contributor address: City: State: Zip Code 324 Chilat About TV 79/02	\$77.80
943/14/ 110/02	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cary Chements	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
4/5/19 6 Contributor address; City, State; Zip Code	\$ 38.91
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/5/11 Janes Bridwell Contributor address: City; State; Zip Code	\$36.05
720 Chura, Ablus TR TIGER	
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
4/5/1 Tebilha Coccia Contributor address; City; State; Zip Code	\$77.80
Principal occupation / Job title (See Instructions) Employer (See Instructions)	602
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor	Amount of contribution (\$)
4/5/17 Kristin Pastell Contributor address; City; State; Zip Code	\$72.10
104 PM Suta 4000 Abiling TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Δ.	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor ut-of-state PAC (ID#:_____ 7 Amount of contribution (\$) Server Corra 6 Contributor address; 451.05 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) \$750.00 Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Chements	-	3 Filer ID (Ethics Commission Filers)
4/5/19		1	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	dons)
Date	Vell molt	; (ID#:)	Amount of contribution (\$)
7-/14	Contributor address: City; State 7817 Sellle Cresh Abrelation / Job title (See Instructions)	I	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Busnas	Dunce	McCarty	Equipment
Date 4/5/19	Full name of contributor out-of-state PAC Rubert McCool Contributor address; City; State	(ID#:	Amount of contribution (\$)
	237 Market Street, Barol	TX 7963	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	_
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
4/5/12		+	\$1,000.00
	80 Box 2761 Abiling 7	X 79/04	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Clements	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 1	7 Amount of contribution (\$) \$\frac{1}{2000.00}\$
	500 Chestrut St. Ste 159 Albury 79 pation / Job title (See Instructions) 9 Employer (See Instruc	(02
8 Principal occu		tions) - Firm
Date	Full name of contributor	Amount of contribution (\$)
4/5/19	Contributor address; City; State; Zip Code	\$2,000.00
	817 5. Zul Abrum TV 7960 Z ation / Job title (See Instructions) Employer (See Instruc	
_	stion / Job title (See Instructions) Employer (See Instructions) Solla Outro	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/12/19	O'Ann Clements Contributor address; City; State; Zip Code	\$200.00
Principal occup	3708 150th Lidbook TX 79424 Pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
45/12	Son Reves Contributor address; City; State; Zip Code	\$ 700.00
Deinsteal annua	8225 Salle Corch Ablen TX 77607	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	uons)

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SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Clements	3 Filer ID (Ethics Commission Filers)
	Full name of contributorout-of-state_PAC (ID#)	7 Amount of contribution (\$)
4/5/19 6	Ron Butter Contributor address; City; State; Zip Code	\$250.00
10	St. Andrew Abilene TX 79606	
1.00	Charman / CEO First Final	aciel Bank
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/17/19	Frank Scarborough Contributor address; City; State; Zip Code	\$500.00
	PO Box 3659 Ablin TX 79604	
Principal occupation	n / Job title (See Instructions) Employer (See Instruct	ions)
Atton	Scorbong?	Low Firm
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Portia Moore Contributor address; City; State; Zip Code	450.00
	4700 Catclam, Ablus, TX 79606	
Principal occupation	n / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
4/22/9	S. M. Moore Contributor address; City; State; Zip Code	\$50.00
	80 Box 1135 Abilon TX 79604	
	n / Job title (See Instructions) Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cary	Chements		~
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
4/22/19	Justin + Alex Kussell 6 Contributor address; City; State;	Zip Code	\$2000.00
,	PO Bax 788, Ala Com TX pation / Job title (See Instructions) 9	79604	
and the second second		the state of the s	ions)
Bures	Ower	JAK	
Date	Full name of contributor		Amount of contribution (\$)
4/22/19	Contributor address; City; State;	Zip Code	\$100.00
	80 Box 21 Abola TX 7	79/04	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
			·
Date	Full name of contributor		Amount of contribution (\$)
4/22/19	Victoria Carter Contributor address; City; State;	Zip Code	\$ 500.00
77 (C18 Hickory St. Ablum pation / Job title (See Instructions)	TX 75601	
2 2 7	I		
Attore	<u>/</u>	Certer L	w Firm
Date	Full name of contributor	*:	Amount of contribution (\$)
4/22/19	Semuel Corna		\$10.00
		Zip Gode	460,00
	76 High 25c Ch, Ab. Con, 7 pation / Job title (See Instructions)	TX 79606	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
			3. 1997
www.			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:			
2 FILER NAM	E Clements		3 Filer ID (Ethics Commission Filers)			
	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 700.00			
5 Date	6 Full name of contributor out-of-state PAC (ID#: Startan Taylor 7 Contributor address; City: State: Zip Coo 362 Chartant Abolina TX	8 Amount of 9 In-kind contribution description Event / concert Check if travel outside of Texas. Complete Schedule T.				
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NQN-JUDICIAL)(See Instructions)			
Busies			forendant 21			
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)			
00	, principal energy in the energy in	13 30111101	ete. a jaar tiila (i ari aaararete) (aaa iitatidattata)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State; Zip Con	de	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ibutor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	ULE AS NEEDED			
l tt	contributor is out-of-state PAC, please see instruction					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	•	ages/Contract Labor Other (enter a category not listed above)					
	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File	rs)				
4 Date	= Barres from						
4/3/19	3rd Street Pointing						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$571.25	1230 N. 3l St. ALL	m. TX 79601					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF		Check if Austin, TX, officeholder living expense					
EXPENDITURE							
	Marketing / Strating						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office saught Office held					
Date	Payee name						
4/4/19	Americant 21						
Amount (\$)	Payee address; City; State; Zip Code						
\$251.00	382 Chestant, Abiling	TX TACOZ					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T,					
OF	Check if Austin, TX, officeholder living expense						
EXPENDITURE	_ / .						
	Food /Box Expuse						
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	- 10				
expenditure to benefit C/OH		Onice sought					
Date	Payee name		_				
Date	, ayee maile						
4/8/19	Eli						
//	tackbook						
Amount (\$)	Payee address; City; State; Zip Code						
\$186.96	I Hacker way Mealo Por	k. CA 94025					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Checkil travel outside of Texas. Complete Schedule T.					
OF		Check If Austin, TX, officeholder living expense					
EXPENDITURE		CHECK IS AUSTIN, 174, UNICORDED HAVING EXPORTE					
	Onlare Adamtery						
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/OH	D 80-						
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memortals Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		ervices	Salaries/Wag	ges/Contract Labor	Other (enter a catego	
Oldon Om all aprilon	The I	nstruction Gulde explain	ns how to co	mplete this form.		
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4 Date	5 Payee name	Jephan 13				
4/18/11	Tractor	Supely				
6 Amount (\$)	7 Payee address;	CHY: State: 2	Zip Code			
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8	(a) Category (See Ca	tegories listed at the top of this	schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas, Complete S	chedule T.
OF				Check if Austin	TX, officeholder living	expense
EXPENDITURE			- 4			
	Signs				100000000000000000000000000000000000000	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Of	ficeholder name		Office sought		Office held
Date	Payee name					
4/4/1	Advancad	1 Conglies				
Amount (\$)	Payee address;	ony; State; 2	Zip Code			
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	Category (See Ca	tegories listed at the top of this	schedule)	Description Checkliftravelout	tside of Texas. Complete Sc	chedule T
PURPOSE OF					, TX, officeholder living	221
EXPENDITURE				Check it Austrii	, IX. onicalidas living	avhailea
	1					
	Signs					
Complete ONLY if direct expenditure to benefit C/Oh	77.77	liceholder name		Office sought		Office held
Date	Payee name					
Date				1		
4/8/19	Tol	The Fence	· for	1 to		
Amount (\$)	Tosik Payee address;	City; State; 2		tuc/ions		
		2.77				
\$ 5,800.00	9300 Tr	notine Audia	ナシ	78735		
1000	Category (See Ca	tegories listed at the top of this	schedule)	Description		
PURPOSE				Check if travel ou	tside of Texas. Complete Se	chedule T,
OF				Check it Austin	, TX, officeholder living	expense
EXPENDITURE						
	Event 1	Expense				
Complete ONLY if direct		fficeholder name		Office sought		Office held
expenditure to benefit G/OF						
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	1000

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica		Legal Services	s contract contract	Salaries/W	ages/Contract Labor	Other (enter a cate	egory not listed above)
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER N	AME //	-			3 Filer ID (Eth	ics Commission Filers)
	Con	1 C/4	ments				
4 Date	5 Payee na	ime					
4/5/9	Ever	itante					
6 Amount (\$)	7 Payee ad	ddress;	City; State:	Zip Code			
c- 11							
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8	(a) Category	(See Categories	s listed at the top of thi	s schedule)	(b) Description		
PURPOSE					l –	utside of Texas. Complete	
OF EXPENDITURE					Check if Austi	n, TX, officeholder livi	ng expense
	Accorte	Bank-	1 Fees		V. 184-1951		
9 Complete ONLY if direct		ate / Officenc			Office sought		Office held
expenditure to benefit C/OF	Н						
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Date	l ayou na	11110					
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7 111 Out (4)	' 4,00 4	,050,	Ony, Onne,	Zip Otto			
	Category	/ (See Categorie:	s listed at the top of thi	s achedule)	Description		
PURPOSE OF				3		itside of Texas. Complete	10
EXPENDITURE					Check if Austir	ı TX, officeholder livin	g expense
Complete ONLY If allows	Candid	ate / Officeho	ilder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ato / Ciricone	incer riemo		Onico sought		Onice note
Date	Payee n	ame	-55000000				
Amount (\$)	Payee ad	idress;	City; State;	Zip Code			XX2-2
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	Calegon	/ {See Categories	s listed at the top of thi	s schedule)	Description		
PURPOSE		4				utside of Texas. Complete	Schedule T.
OF						n, TX, officeholder livir	
EXPENDITURE						·	
1							
Complete ONLY If direct		ate / Officeh	older name		Office sought		Office held
expenditure to benefit C/OF	4						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							